

Foster Family Home - Corrective Action Report

Provider ID: 1-130059

Home Name: Rosalina Mendoza, CNA

Review ID: 1-130059-5

94-144 Kaaholo Place

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 11/7/2018

End Date:

11/08/18

Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 11/07/18. Home in compliance with all requirements

Angelica Galindo, RN
Compliance Manager

Ida Mendoza
Primary Care Giver

11/07/18
Date

11/07/18
Date